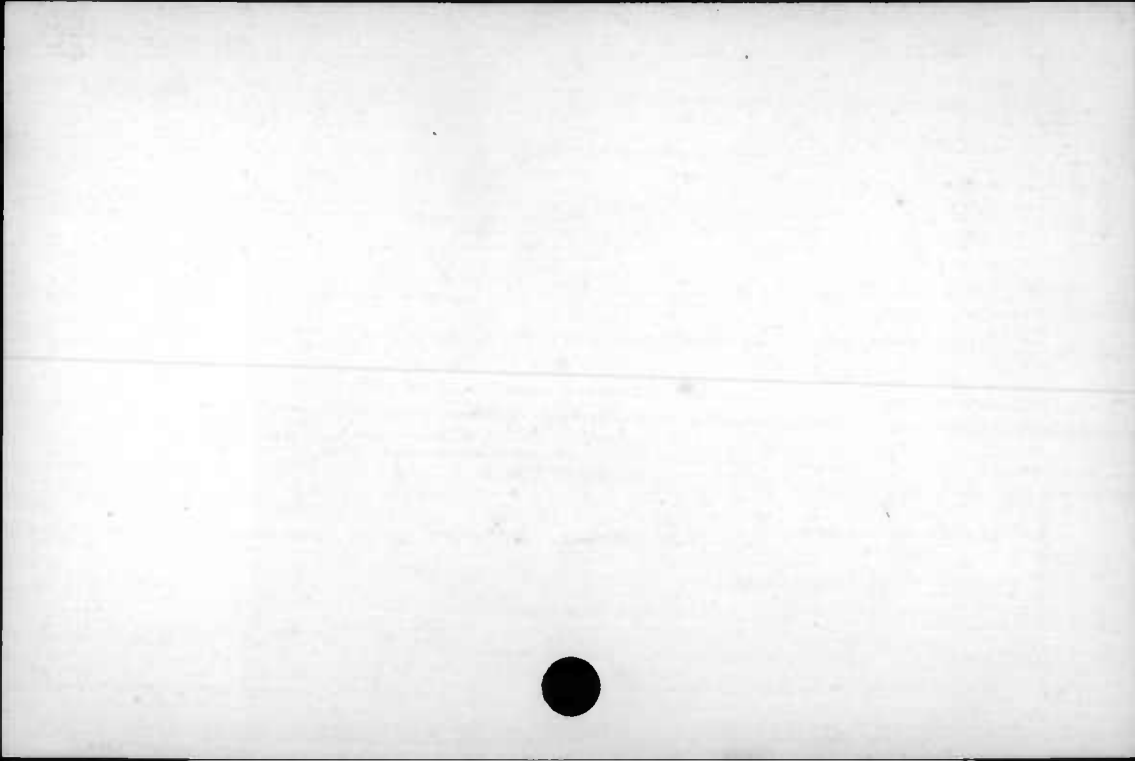


| Name in Full | | Name | | County | | CERTIFICATE OF DEATH | |
|-------------------------------------|--|-----------------------------|------------------------|---|----------------|-------------------------|----------------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at | near Salisbury | | Wicomico | | MARYLAND | |
| | Date of death | 1905 | Aug 5 | Age | 5 | Months | Days |
| | Sex | Male | | Color or Race | Black | Birth-place | Md |
| | Occupation | | | Where Residing if not at place of death | | | |
| | Married, Single or Widowed | | | Name of Wife or Husband | | | |
| | Father's Name | Geo W Bell | | | | Father's Birthplace | Md |
| PHYSICIAN OR CORONER | Mother's Maiden Name | Mary W Echelle | | | | Mother's Birthplace | Md |
| | Name of person giving information | Jessie Echelle | | | | How related to deceased | Brother |
| | CAUSES OF DEATH | | | | | | |
| PHYSICIAN OR CORONER | Primary | Gastro-Intestinal Infection | | | | How long | Several months |
| | Immediate | Inanition | | | | How long | Several weeks |
| | Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | | A. M. Clemmons | | |
| | | | Address | | Salisbury Md. | | |
| Accident or Suicide? | | | | | | | |



| Name in Full | | Town | | | | County | | CERTIFICATE OF DEATH | | | |
|-------------------------------------|--|--|--|---------------|-----|---|-------|----------------------|------|--|--|
| TO BE ANSWERED BY NEAREST FRIEND | | Died at | | | | County | | MARYLAND | | | |
| | | Date of death | | Month | Day | Age | Years | Months | Days | | |
| | | Sex | | Color or Race | | Birth-place | | | | | |
| | | Occupation | | | | Where Residing if not at place of death | | | | | |
| | | Married, Single or Widowed | | | | Name of Wife or Husband | | | | | |
| | | Father's Name | | | | Father's Birthplace | | | | | |
| | | Mother's Maiden Name | | | | Mother's Birthplace | | | | | |
| PHYSICIAN OR CORONER | | Name of person giving information | | | | How related to deceased | | | | | |
| | | CAUSES OF DEATH | | | | | | | | | |
| | | Primary | | | | How long | | | | | |
| | | Immediate | | | | How long | | | | | |
| PHYSICIAN OR CORONER | | Are the name, age, sex, color, date and place correctly given above? | | | | Signature of Physician | | | | | |
| | | | | | | Address | | | | | |
| | | Accident or Suicide? | | | | | | | | | |



Name
in
Full

CERTIFICATE OF DEATH

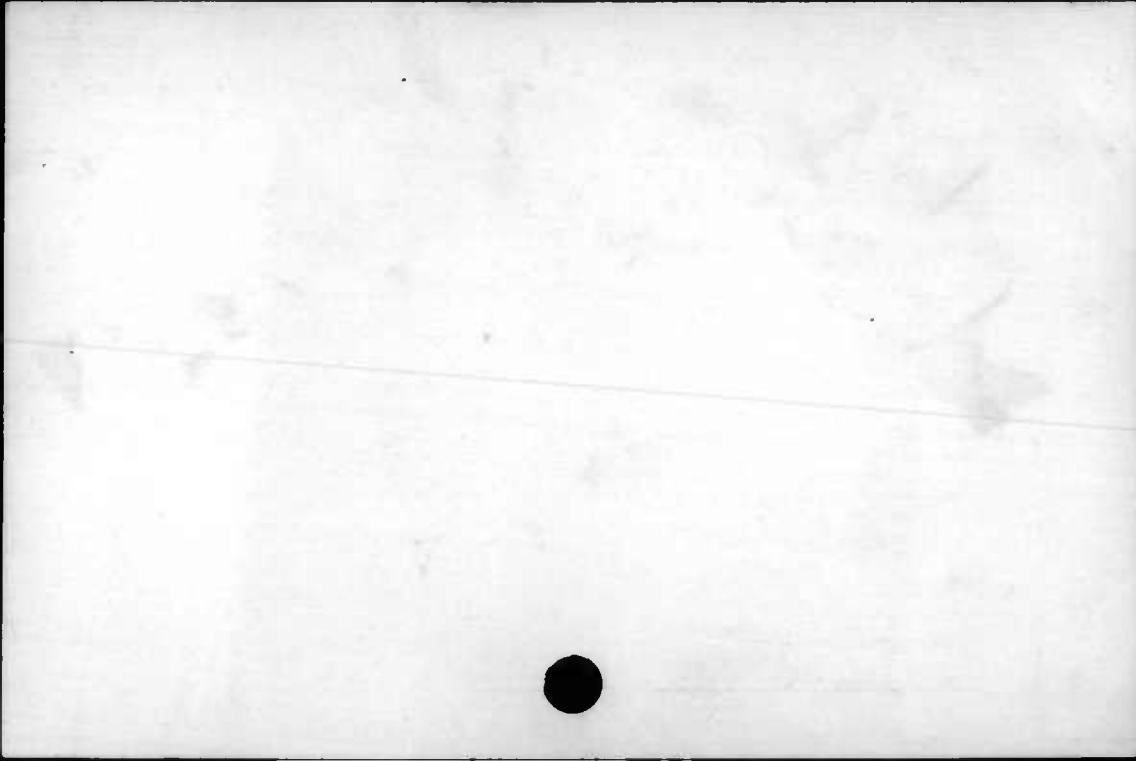
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|------------------------------|--|-----------------------------|----------|------|
| Died at <i>Allen</i> Town | | <i>W.C.</i> County | | MARYLAND | |
| Date of death <i>1905</i> | Month <i>Aug</i> | Day <i>7</i> | Years <i>63-70</i> | Months | Days |
| Sex <i>Female</i> | Color or Race <i>Colored</i> | | Birth-place <i>Maryland</i> | | |
| Occupation <i>Hairdresser</i> | | Where Residing if not at place of death | | | |
| Married, Single <i>or Widowed</i> | | Name of Wife or Husband <i>Wesley Brewington</i> | | | |
| Father's Name <i>Jos. Washburn</i> | | Father's Birthplace | | | |
| Mother's Maiden Name | | Mother's Birthplace | | | |
| Name of person giving information | | How related to deceased | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|------------------------|
| Primary <i>Leprosy</i> | How long <i>6 wks</i> |
| Immediate <i>Contracted</i> | How long |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician |
| <i>J. S. Long</i> | Address <i>Allen</i> |
| Accident or Suicide? | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Salisbury

Town

Wisconsin

County

MARYLAND

Date

1905 Aug

Month

3

Day

Age

Years

Months

Days

14

Sex

male

Color or
Race

White

Birth-
place

Md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

William J Collins

Father's
Birthplace

Md

Mother's
Maiden Name

Jennie Parsons

Mother's
Birthplace

Md

Name of person giving
In formation

William J Collins

How related
to deceased

Father

CAUSES OF DEATH

Primary

Do not know

How long

2 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

L B Holloway & Co

Address

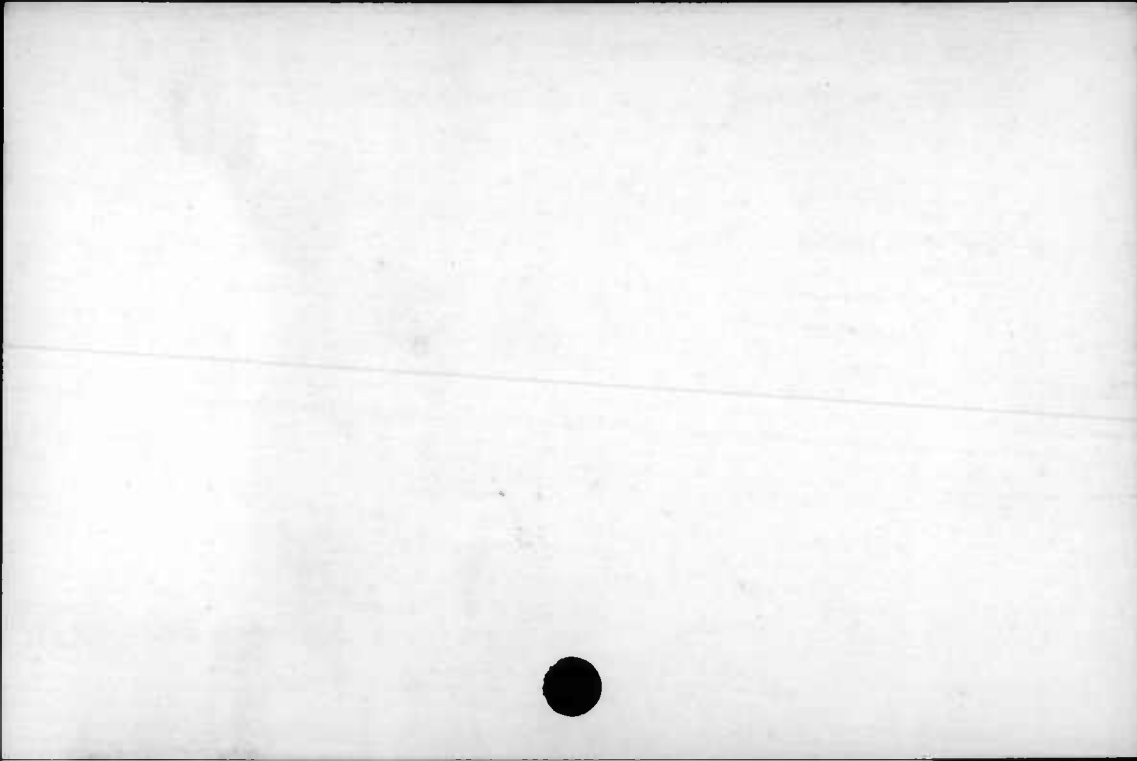
Salisbury Md

Accident or Suicide?

no

Undertakers

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

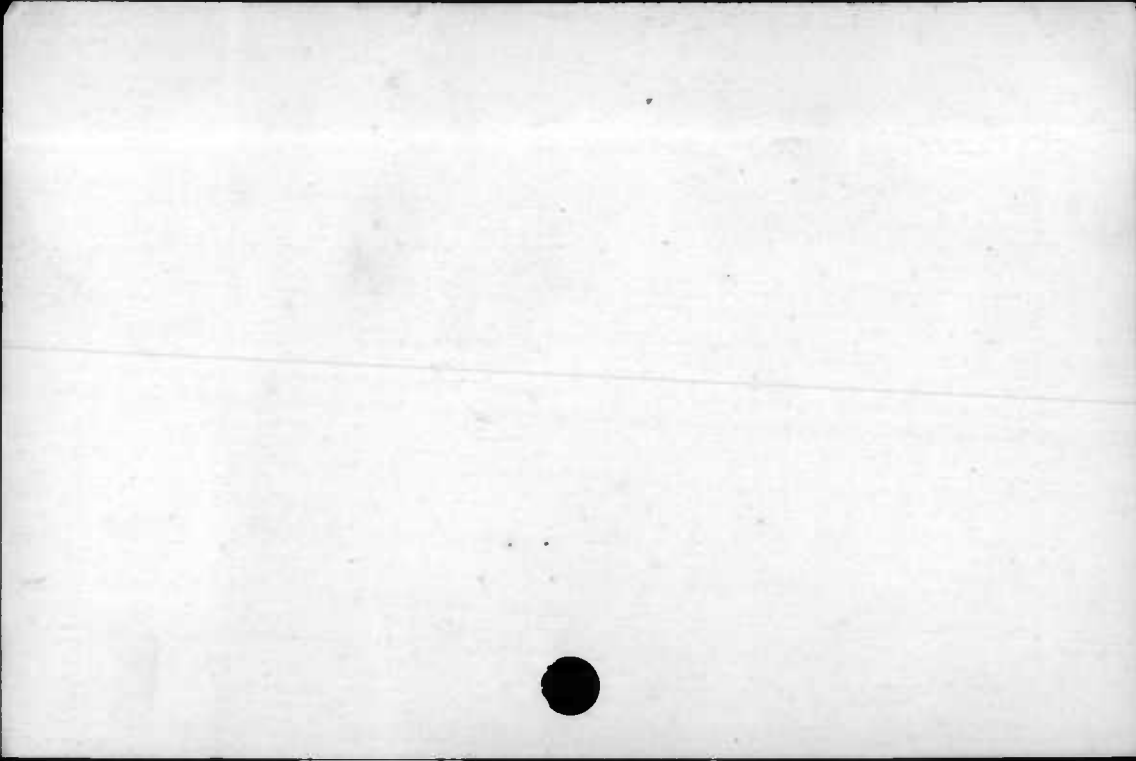
TO BE ANSWERED BY
NEAREST FRIEND

Died at *Jessupville* ^{Town} *Wicomico* ^{County}
 Date of death *1903* ^{Month} *aug* ^{Day} *9th* Age *7* ^{Years} *7* ^{Months} *7* ^{Days}
 Sex *colord* Color or Race *colord* Birth-place *Wicomico*
 Occupation *Farmus* Where Residing if not at place of death *Jessupville*
 Married, ~~Single~~ or Widowed Name of Wife or Husband *Harriett Conway*
 Father's Name *Jacob Dashiell* Father's Birthplace *Jessupville*
 Mother's Maiden Name *Jessupville* Mother's Birthplace *Jessupville*
 Name of person giving information How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Tuberculosis* ☒ How long *27*
 Immediate *Tuberculosis* How long *27*
 Are the name, age, sex, color, date and place correctly given above? *yes*
 Signature of Physician *A. J. Landford M.D.*
 Address *Capitol*
 Accident or Suicide?



Name
in
Full

Alice Washell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Spring Hill ^{County} Washington

Date of death 1905-24 Aug

Day 24

Age

Years

3

Months

Days

MARYLAND

Sex

Female

Color or
Race

Black

Birth-
place

Md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Charles J. Washell

Father's
Birthplace

Md

Mother's
Maiden Name

Anne Bell

Mother's
Birthplace

Md

Name of person giving
In formation

Charles J. Washell

How related
to deceased

Father

CAUSES OF DEATH

Primary

Intestinal Infection

How long

several days

Immediate

Indigestion

How long

two days

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

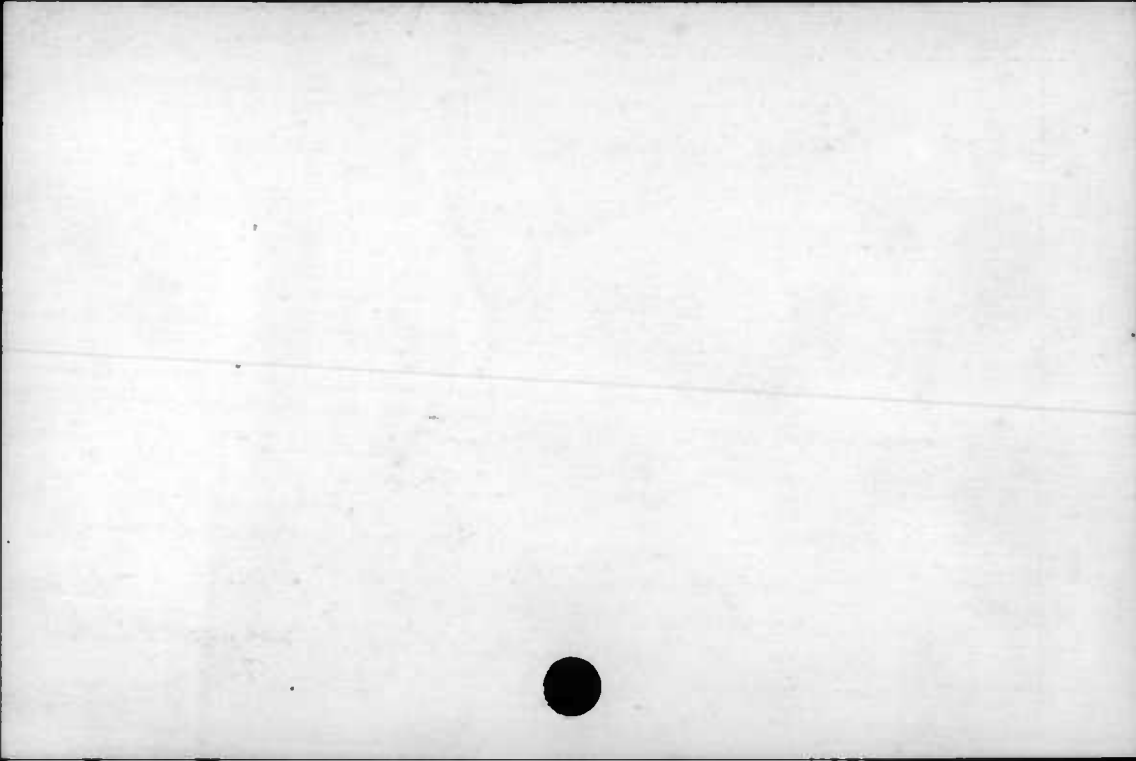
Address

F. M. Clemmons

Salisbury

Md

Accident or Suicide?



Name
in
Full

Larry S. Davis

CERTIFICATE OF DEATH

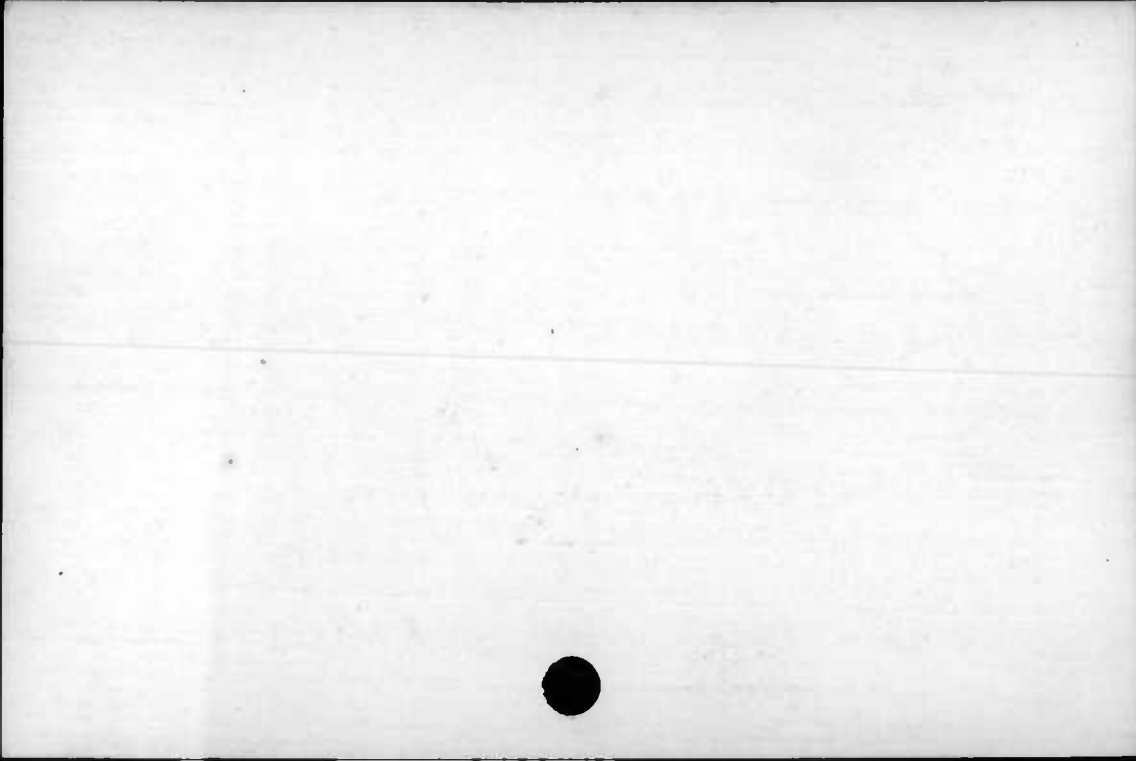
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|--|---|-----|-------------|-------|----------|------|
| Died at | | Town | | County | | MARYLAND | |
| Date of death | | Month | Day | Age | Years | Months | Days |
| 1905 | | Aug | 3 | 2 | | | |
| Sex | | Color or Race | | Birth-place | | | |
| Male | | White | | | | | |
| Occupation | | Where Residing if not at place of death | | | | | |
| none | | | | | | | |
| Married, Single or Widowed | | Name of Wife or Husband | | | | | |
| Single | | | | | | | |
| Father's Name | | Father's Birthplace | | | | | |
| Larry Davis | | | | | | | |
| Mother's Maiden Name | | Mother's Birthplace | | | | | |
| Lizzie Parsons | | | | | | | |
| Name of person giving information | | How related to deceased | | | | | |
| John B. Parsons | | Grandfather | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|-----------------------------|------------------------|--------------|
| Primary | Gastro-Intestinal Infection | How long | For 3 months |
| Immediate | Transition | How long | For 3 weeks |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| Yes | | F. H. Clemens | |
| | | Address | |
| | | Salisbury Md. | |
| Accident or Suicide? | | | |



Name
in
Full

CERTIFICATE OF DEATH

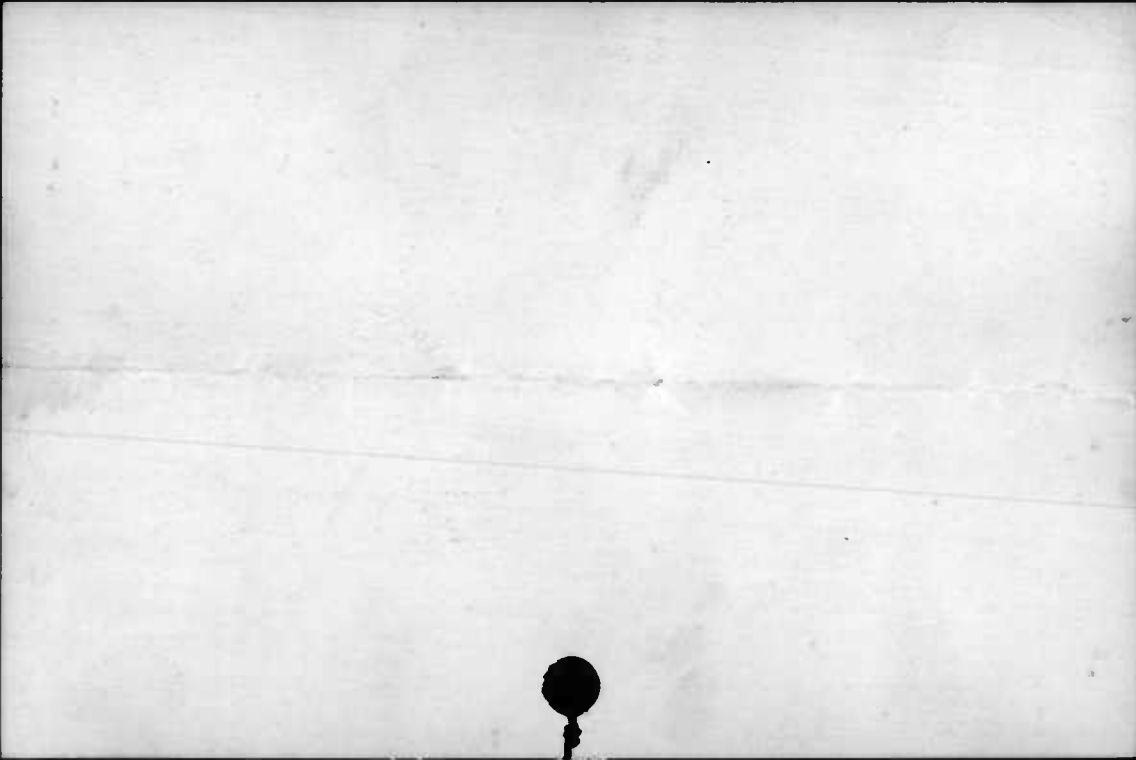
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|----------------------------|---|--|----------|------|
| Died at <i>Tyaskin</i> Town | | <i>Wicomico</i> County | | MARYLAND | |
| Date of death <i>1905</i> | Month <i>Aug</i> | Day <i>3</i> | Age <i>68</i> | Months | Days |
| Sex <i>Male</i> | Color or Race <i>White</i> | | Birth-place <i>Tyaskin</i> | | |
| Occupation <i>Farmer</i> | | | Where Residing if not at place of death <i>-</i> | | |
| Married, Single or Widowed <i>Married</i> | | Name of Wife or Husband <i>Mary P Dickerson</i> | | | |
| Father's Name <i>Nicholas Dickerson</i> | | | Father's Birthplace <i>Tyaskin</i> | | |
| Mother's Maiden Name <i>Biddy Porter</i> | | | Mother's Birthplace <i>Tyaskin</i> | | |
| Name of person giving information <i>R. L. Dickerson</i> | | | How related to deceased <i>Son</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | |
|--|------------|---|
| Primary | <i>177</i> | How long |
| Immediate <i>Dropsy</i> | | How long <i>16 Months</i> |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <i>A. J. L. Luskford</i> |
| | | Address <i>White Haven Md</i> |
| Accident or Suicide? | | |



Name

in Full

CERTIFICATE OF DEATH

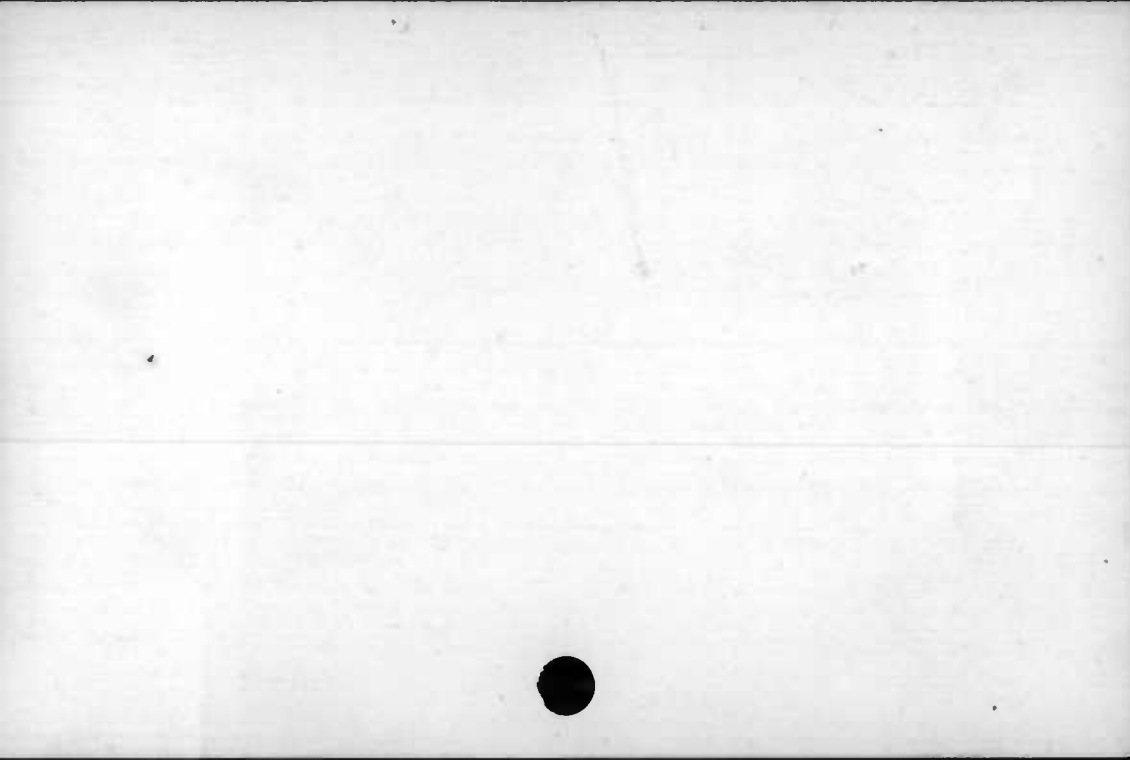
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|---------------------|--|---|--|----------|--|
| Infant no name Elliott (M. M.) | | Town | | County | | MARYLAND | |
| Died at Salisbury | | Wicomico | | | | | |
| Date of death 1905 Aug 15 | | Age 5 | | Months | | Days | |
| Sex Female | | Color or Race White | | Birth-place Salisbury Md | | | |
| Occupation | | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | | | | Name of Wife or Husband | | | |
| Father's Name John T Elliott | | | | Father's Birthplace Md | | | |
| Mother's Maiden Name Lida E Parsons | | | | Mother's Birthplace Md | | | |
| Name of person giving information John T Elliott | | | | How related to deceased Father | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|--|-------------------------------------|--|
| Primary Premature Birth | | How long | |
| Immediate Don't know | | How long | |
| Are the name, age, sex, color, date and place correctly given above? Yes | | Signature of Physician Geo. H. Todd | |
| | | Address Salisbury Md | |
| Accident or Suicide? | | | |



Name
in
Full

David Furnace

CERTIFICATE OF DEATH

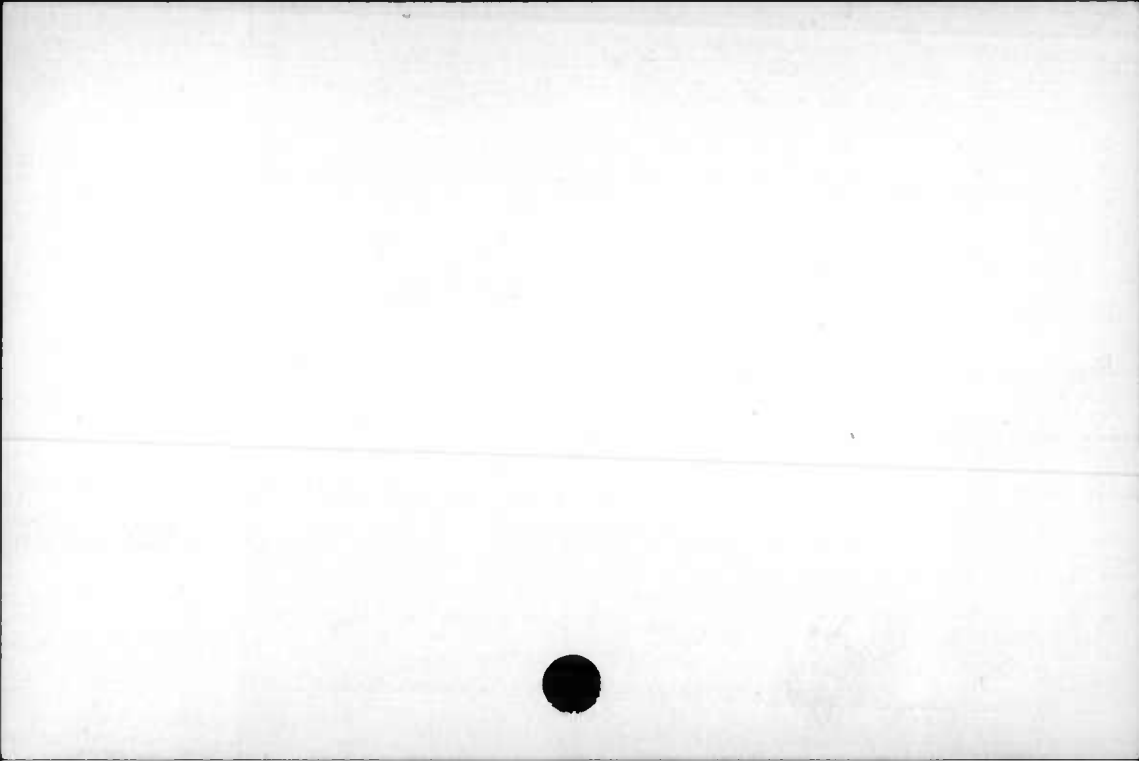
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|----------------------------|------------------------|---|---------------------------------------|------|----------|--|
| Died at <i>Alms House</i> | | Town <i>Alms House</i> | | County <i>Wicomico</i> | | MARYLAND | |
| Date of death <i>1905</i> | Month <i>August</i> | Day <i>12</i> | Years <i>80</i> | Months | Days | | |
| Sex <i>Male</i> | Color or Race <i>White</i> | | Birth-place <i>Don't Know</i> | | | | |
| Occupation <i>Laborer</i> | | | Where Residing if not at place of death <i>Alms House</i> | | | | |
| Married, Single or Widowed | | | Name of Wife or Husband <i>Don't Know</i> | | | | |
| Father's Name <i>Don't Know</i> | | | | Father's Birthplace <i>Don't Know</i> | | | |
| Mother's Maiden Name <i>Don't Know</i> | | | | Mother's Birthplace <i>Don't Know</i> | | | |
| Name of person giving information <i>Mrs Darby</i> | | | | How related to deceased <i>none</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Old age</i> | How long <i>6 Months</i> |
| Immediate | How long <i>10 Alms House or before he came here</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Wm H. H. Dashiell</i> |
| | Address <i>Quantico Md</i> |
| Accident or Suicide? | |



Name
in
Full

CERTIFICATE OF DEATH

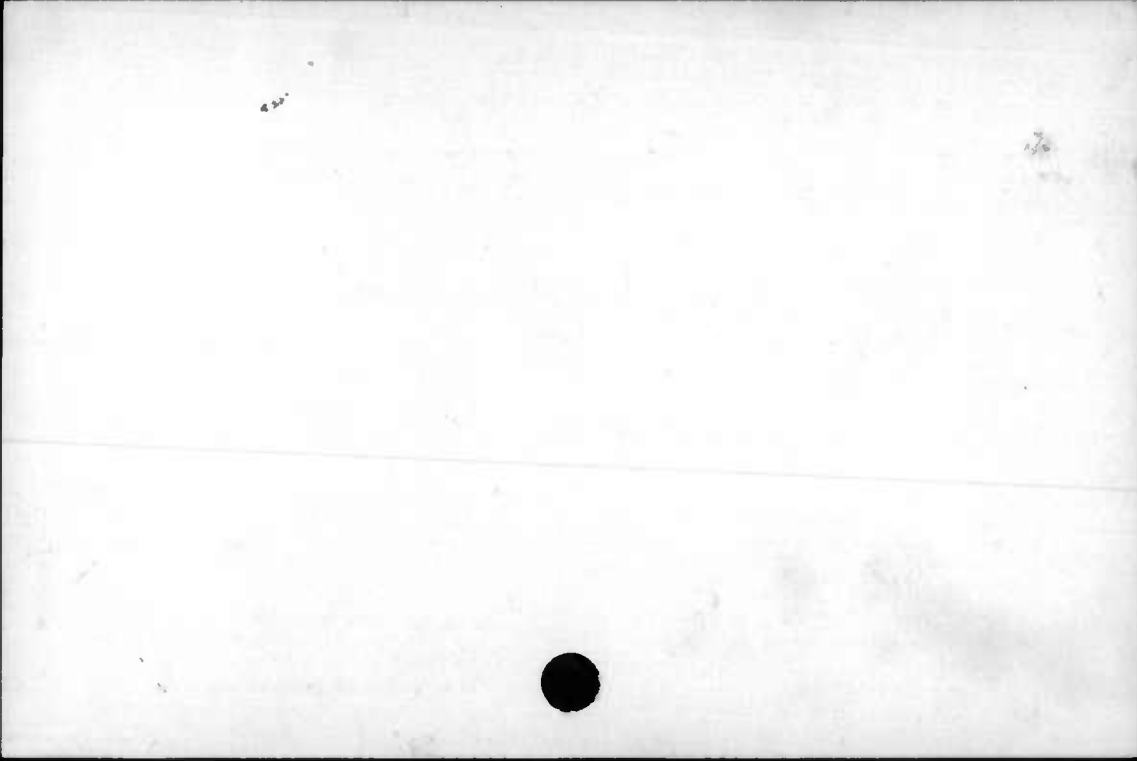
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|----------------------------|--|--|----------|--------|
| Died at <i>Quantico</i> Town | | <i>Wicomico</i> County | | MARYLAND | |
| Date of death <i>1905</i> | Month <i>Aug</i> | Day <i>27</i> | Age <i>30</i> | Years | Months |
| Sex <i>Male</i> | Color or Race <i>Black</i> | | Birth-place <i>Near Quantico</i> | | |
| Occupation <i>Labourer daily</i> | | | Where Residing if not at place of death <i>Near Quantico</i> | | |
| Married, Single or Widowed | | Name of Wife or Husband <i>Mary Elizzie Gale</i> | | | |
| Father's Name <i>Henry</i> | | | Father's Birthplace <i>Quantico</i> | | |
| Mother's Maiden Name <i>Mary</i> | | | Mother's Birthplace <i>Quantico</i> | | |
| Name of person giving information <i>Spencer Handy</i> | | | How related to deceased <i>None</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Acute Dysentery</i> | How long <i>1 or 3 Months</i> |
| Immediate <i>Dysentery</i> | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Wm H H Ashiehl</i> |
| | Address <i>Quantico Md</i> |
| Accident or Suicide? | |



Name
in
Full

CERTIFICATE OF DEATH

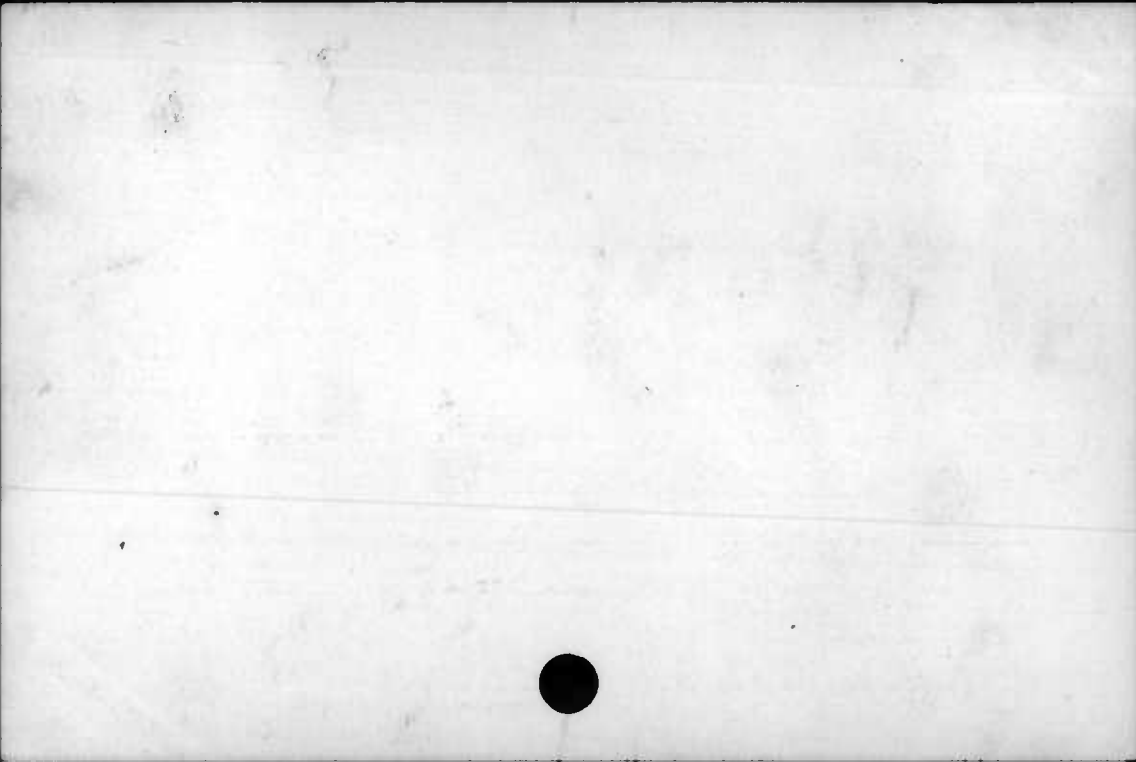
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|---|-----------------|-----------------------|----------|------|
| Died at <i>White Haven, Wicomico</i> | | County | | MARYLAND | |
| Date of death <i>1905</i> | Month <i>Aug.</i> | Day <i>28th</i> | Age <i>10</i> | Months | Days |
| Sex <i>Male</i> | Color or Race <i>Black</i> | | Birth-place <i>md</i> | | |
| Occupation <i>—</i> | Where Residing if not at place of death <i>Dames Quarter md</i> | | | | |
| Married, Single or Widowed <i>—</i> | Name of Wife or Husband <i>—</i> | | | | |
| Father's Name <i>Joshua Leatherberry</i> | Father's Birthplace <i>md</i> | | | | |
| Mother's Maiden Name <i>Margaret Anne White</i> | Mother's Birthplace <i>md</i> | | | | |
| Name of person giving information <i>Preston Roberts</i> | How related to deceased <i>none</i> | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|---|
| Primary <i>Accidentally drowned</i> | How long |
| Immediate <i>(177)</i> | How long |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>Joshua Leatherberry</i> |
| | Address <i>Dames Quarter md</i> |
| Accident or Suicide? <i>2</i> | |



Name
in
full

CERTIFICATE OF DEATH

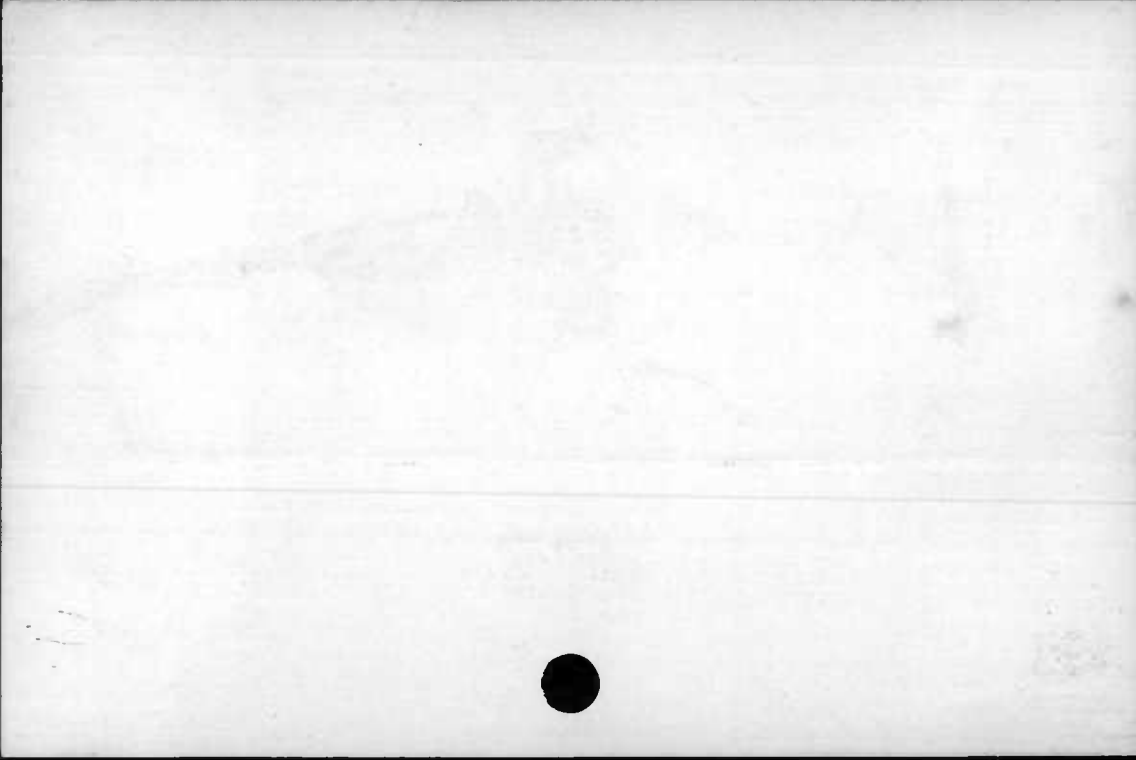
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|----------------------------|---|---|--------------------------------------|--------|----------|--|
| Died at <i>Parsonsbury</i> | | Town <i>Parsonsbury</i> | | County <i>Wicomico</i> | | MARYLAND | |
| Date of death <i>1905</i> | Month <i>Aug.</i> | Day <i>5th</i> | Age <i>18</i> | Years | Months | Days | |
| Sex <i>Female</i> | Color or Race <i>White</i> | | Birthplace <i>Wicomico Co. Md.</i> | | | | |
| Occupation | | | Where Residing if not at place of death <i>At Father's home</i> | | | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband | | | | | |
| Father's Name <i>Samuel Leonard</i> | | Father's Birthplace <i>Wicomico Co. Md.</i> | | | | | |
| Mother's Maiden Name <i>Sarah Hastings</i> | | Mother's Birthplace " " " | | | | | |
| Name of person giving information <i>Clayton C. Parker</i> | | (1) | | How related to deceased <i>Uncle</i> | | | |

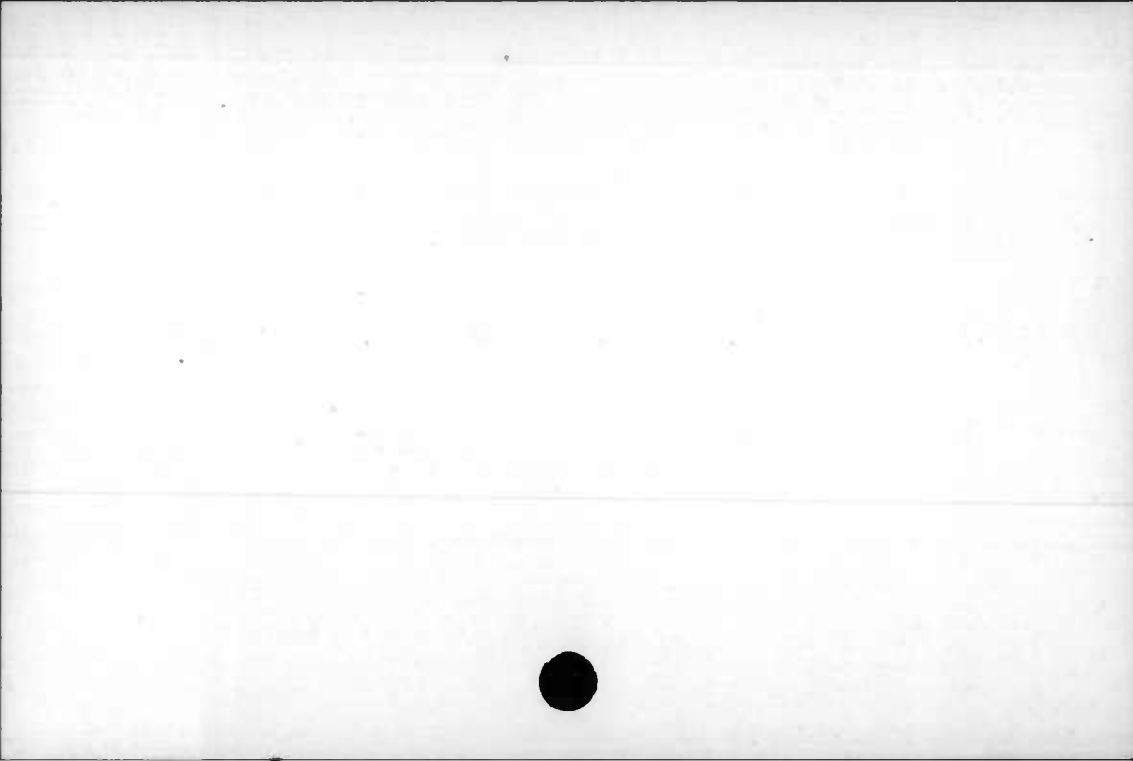
CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---|--------------------------|---|-----------------|
| Primary | <i>Typhoid Fever</i> | How long | <i>3 weeks</i> |
| Immediate | <i>Hemorrhage Bowels</i> | How long | <i>24 hours</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | Signature of Physician <i>Dr. Geo. H. Smith</i> | |
| <i>Wicomico Co</i> | | Address <i>Parsonsbury Md.</i> | |
| Accident or Suicide? | | | |



| Name in Full | | Town | | | | County | | CERTIFICATE OF DEATH | | | |
|-------------------------------------|--|--|--|-------------------------|--|---------------------|--|----------------------|--|---|--|
| TO BE ANSWERED BY NEAREST FRIEND | | Died at | | Date | | Month | | Day | | Years | |
| | | Date of death | | 190 | | Still | | Born | | | |
| | | Sex | | Color of Race | | August 13 | | 1905 | | Birth place | |
| | | Occupation | | | | | | | | Where Residing if not at place of death | |
| | | Married, Single or Widowed | | Name of Wife or Husband | | | | | | | |
| | | Father's Name | | Ernest Livingston | | Father's Birthplace | | Md | | | |
| Mother's Maiden Name | | Hastings | | Mother's Birthplace | | Md | | | | | |
| Name of person giving information | | | | | | | | | | How related to deceased | |
| CAUSES OF DEATH | | | | | | | | | | | |
| PHYSICIAN OR CORONER | | Primary | | Don't Know | | How long | | | | | |
| | | Immediate | | | | How long | | | | | |
| | | Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | | L. M. Clemmons | | Address | | Dahisburg Md. | |
| | | Accident or Suicide? | | | | | | | | | |



| Name in Full | | Certificate of Death | | | |
|--|--|---|--|--------------------------------|--|
| Marion A. McAllister | | MARYLAND | | | |
| Died at Salisbury | | County Wicomico | | | |
| Date of death 1905 Aug 2nd | | Age 18 | | Months 4 Days | |
| Sex Male | | Color or Race White | | Birth-place Dorchester Co. Md. | |
| Occupation Farmer | | Where Residing if not at place of death at home in Dorchester Co. | | | |
| Married, Single or Widowed Single | | Name of Wife or Husband | | | |
| Father's Name Marion McAllister | | Father's Birthplace Dorchester Co. Md. | | | |
| Mother's Maiden Name Ritta Barrett | | Mother's Birthplace " " | | | |
| Name of person giving information Marion McAllister | | How related to deceased Father | | | |
| CAUSES OF DEATH | | | | | |
| Primary Rail Road Accident | | How long | | | |
| Immediate Shock | | How long 3 or 4 hours | | | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician F. M. Clemons | | | |
| | | Address | | | |
| Accident or Suicide? | | | | | |



Name
in
Full

CERTIFICATE OF DEATH

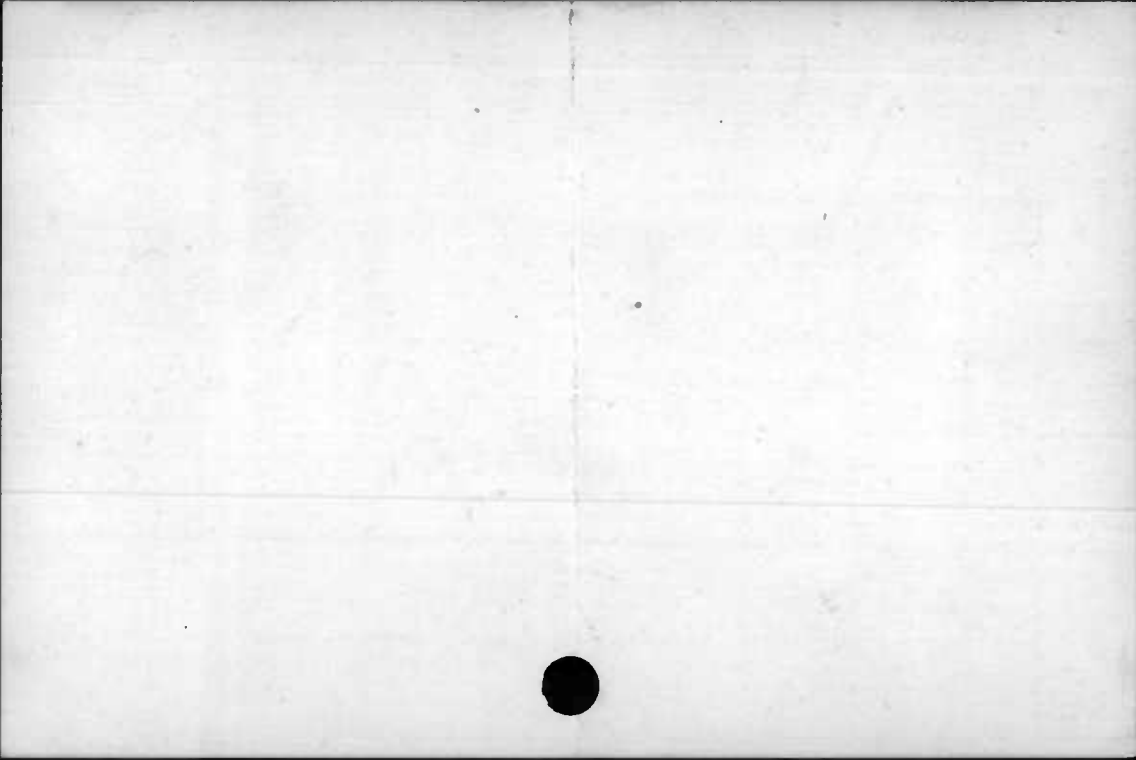
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|---|--|------------------------|--|---|--|
| Name in Full <i>Marie Elizabeth Messick</i> | | Town <i>Allen Md</i> | | County <i>Wicomico</i> | | MARYLAND | |
| Died at | | Date of death <i>1905</i> | | Month <i>Aug</i> | | Day <i>17</i> | |
| | | Age <i>1</i> | | Years <i>1</i> | | Months <i>7</i> | |
| | | Days <i>14</i> | | Sex <i>Female</i> | | Color or Race <i>White</i> | |
| | | Birth-place <i>Allen</i> | | Occupation | | Where Residing if not at place of death | |
| Married, Single or Widowed | | Name of Wife or Husband | | | | | |
| Father's Name <i>Wm F Messick</i> | | Father's Birthplace <i>Allen Md</i> | | | | | |
| Mother's Maiden Name <i>Minnie E White</i> | | Mother's Birthplace <i>Shalltown Md</i> | | | | | |
| Name of person giving information <i>Wm F Messick</i> | | How related to deceased <i>Father</i> | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Enterocolitis</i> | How long <i>60 days</i> |
| Immediate <i>Exhaustion</i> | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>J S Oney</i> |
| | Address <i>Allen Md</i> |
| Accident or Suicide? | |



Name
in
Full

Hybert Mills

CERTIFICATE OF DEATH

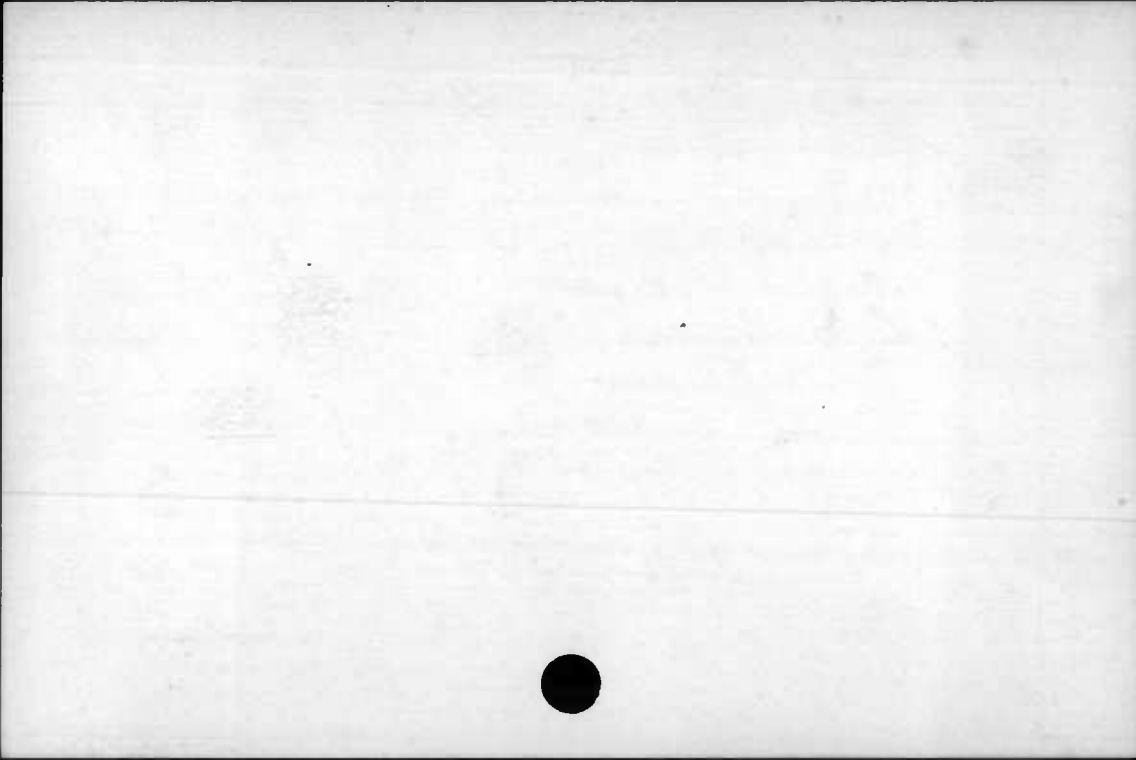
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|--|------------------------|----------------------------------|----------|------|
| Died at <i>Salisbury</i> Town | | <i>Wicomico</i> County | | MARYLAND | |
| Date of death <i>1905</i> | Month <i>Aug</i> | Day <i>23</i> | Years <i>24</i> | Months | Days |
| Sex <i>male</i> | Color or Race <i>white</i> | | Birth-place <i>Near Pocomoke</i> | | |
| Occupation <i>Farmer</i> | Where Residing if not at place of death <i>Near Pocomoke</i> | | | | |
| Married, Single or Widowed <i>married</i> | Name of Wife or Husband | | | | |
| Father's Name | | | Father's Birthplace | | |
| Mother's Maiden Name | | | Mother's Birthplace | | |
| Name of person giving information | | | How related to deceased | | |

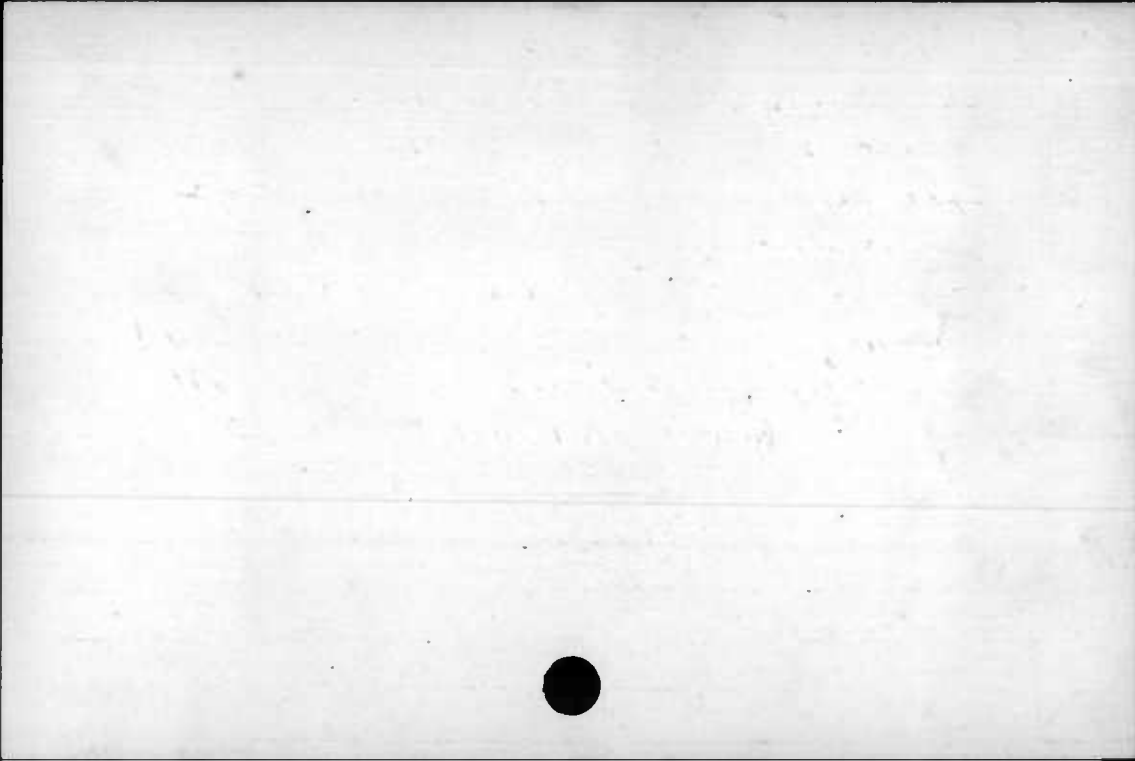
CAUSES OF DEATH

PHYSICIAN
OR CORONER

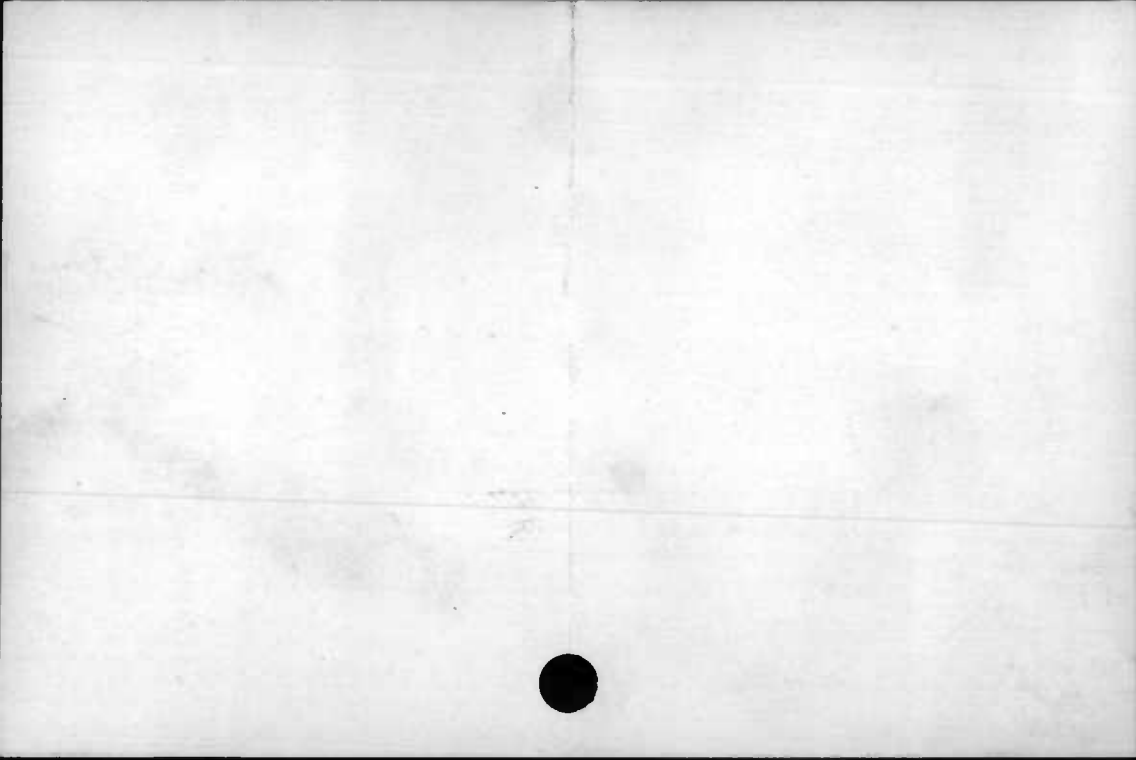
| | |
|--|---|
| Primary <i>Acute gangrenous appendicitis</i> | How long <i>2 1/2 days</i> |
| Immediate <i>Peritonitis</i> | How long <i>about 10 hours from history</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>10 for a</i> | Signature of Physician <i>J. M. [illegible]</i> |
| <i>I know</i> | Address <i>Salisbury, Md</i> |
| Accident or Suicide? <i>No</i> | |



| | | | | | | | |
|--|--|---|--|--------------------------|--|----------------------|--|
| Name in Full <i>Emma E Parsons</i> | | Town <i>Salisbury</i> | | County <i>Mianus</i> | | CERTIFICATE OF DEATH | |
| Died at <i>Salisbury</i> | | Month <i>Aug</i> | | Day <i>23</i> | | Age <i>31</i> | |
| Date of death <i>1905</i> | | Months <i>3</i> | | Days <i>31</i> | | MARYLAND | |
| Sex <i>Female</i> | | Color or Race <i>White</i> | | Birth-place <i>Md</i> | | | |
| Occupation <i>Housework</i> | | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed <i>Widowed</i> | | Name of Wife or Husband <i>Rufus M. Parsons</i> | | | | | |
| Father's Name <i>Lidney Parsons</i> | | Father's Birthplace <i>Md</i> | | | | | |
| Mother's Maiden Name <i>Felix E. Parsons</i> | | Mother's Birthplace <i>Md</i> | | | | | |
| Name of person giving information <i>Elijah W. Mitchell</i> | | How related to deceased <i>Step Father</i> | | | | | |
| CAUSES OF DEATH | | | | | | | |
| Primary <i>Consumption</i> | | How long <i>1 year</i> | | | | | |
| Immediate | | How long | | | | | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <i>W. C. Hallows & Co</i> | | | | | |
| | | Address <i>Salisbury Md</i> | | | | | |
| Accident or Suicide? | | | | | | | |



| Name in Full | | Franklin Blair Phillips | | | | CERTIFICATE OF DEATH | |
|-------------------------------------|--|-------------------------|--------------|---------------------|---|------------------------|-----------------------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at | Town Hebron | | County Wisconsin | | MARYLAND | |
| | Date of death | 1905 | Month Aug | Day 31 | Age — | Months 14 | Days 10 |
| | Sex | Male | | Color or Race | White | | Birth-place Hebron |
| | Occupation | — | | | Where Residing if not at place of death Hebron | | |
| | Married, Single or Widowed | | | | Name of Wife or Husband | | |
| | Father's Name | B. D. G. Phillips | | | | Father's Birthplace | Hebron |
| | Mother's Maiden Name | Mary Elizabeth Cooper | | | | Mother's Birthplace | Allen |
| Name of person giving information | W. H. H. Cooper | | | | How related to deceased | Grandfather | |
| CAUSES OF DEATH | | | | | | | |
| PHYSICIAN OR CORONER | Primary | Cholera infantum | | | | How long | 3 weeks |
| | Immediate | General Debility | | | | How long | 5 days |
| | Are the name, age, sex, color, date and place correctly given above? | Yes | | | | Signature of Physician | H. C. Connaway |
| | | | | | | Address | Hebron |
| Accident or Suicide? | | | | | | | |



Name
in
Full

William W Pinkett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Salisbury TownCounty Wicomico

MARYLAND

Date of death 1905 Aug MonthDay 13Age 26 Years

Months

Days

Sex maleColor or Race BlackBirth-place MD

Occupation

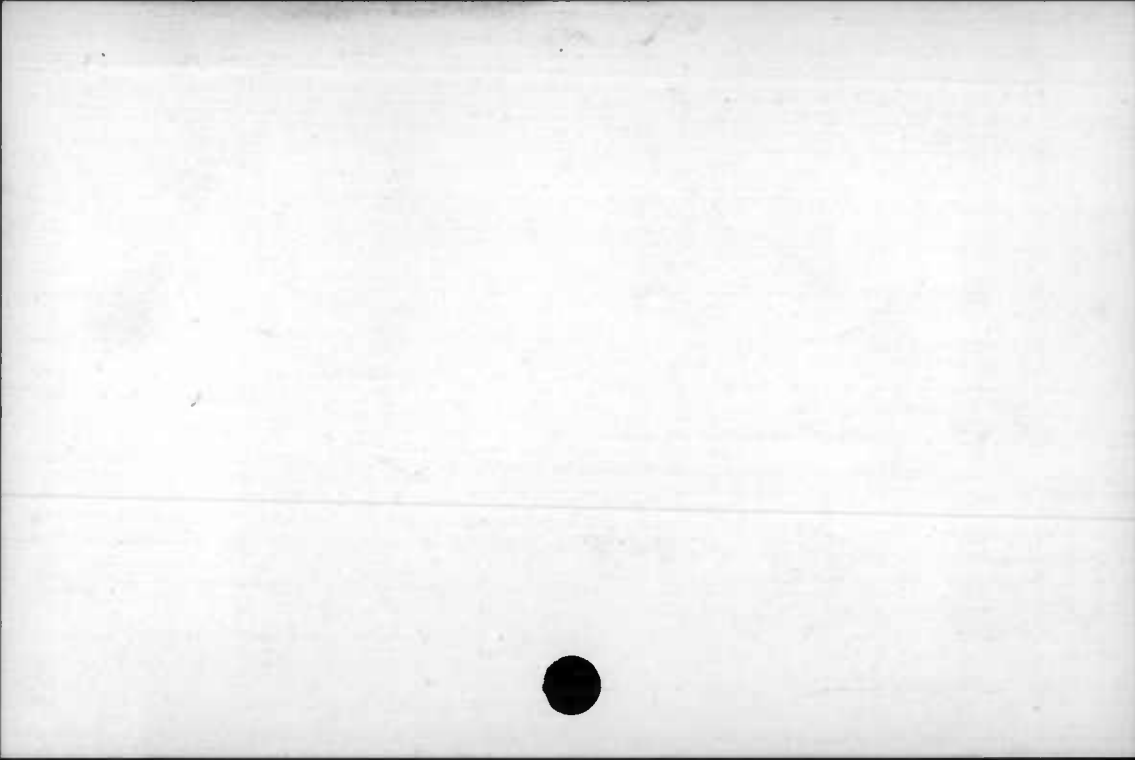
Where Residing if not
at place of deathMarried, ~~Single~~
or WidowedName of Wife or
~~Husband~~ Maggie PinkettFather's
Name Nash BirchheadFather's
Birthplace MDMother's
Maiden Name Mattilda PinkettMother's
Birthplace MDName of person giving
In formation Leonard PinkettHow related
to deceased Brother

CAUSES OF DEATH

Primary Suppurative EndocarditisHow long 8 monthsImmediate had no doctor

How long

Are the name, age, sex, color, date
and place correctly given above? yesSignature of
Physician D E Hallonay + CoAddress Salisbury MDAccident or Suicide? noUndertaker



Name
in
Full

Hester A. Reddish

CERTIFICATE OF DEATH

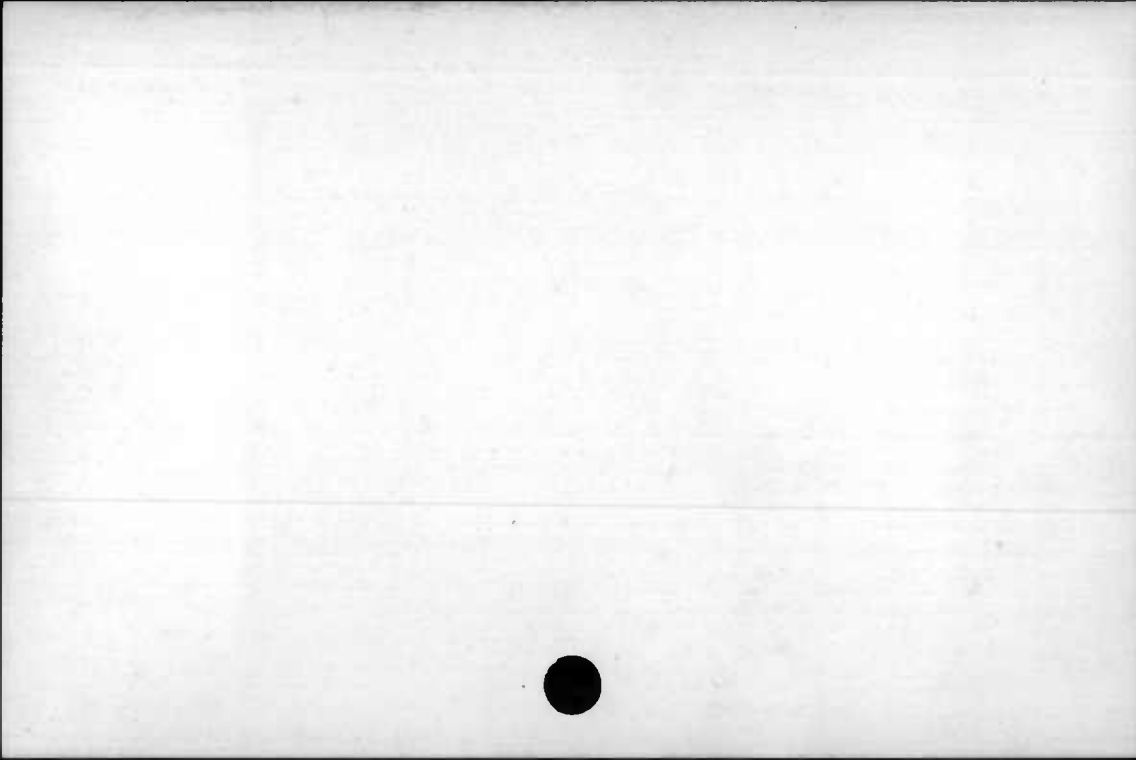
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|--|--|-------------------------------------|--|-----------------------------------|--|
| Died at <i>Near Salisbury</i> | | Town <i>Salisbury</i> | | County <i>Wicomico</i> | | MARYLAND | |
| Date of death <i>1905</i> | | Month <i>Aug.</i> | | Day <i>2nd</i> | | Age <i>5-8</i> | |
| Sex <i>Female</i> | | Color or Race <i>White</i> | | Birth-place <i>Wicomico Co. Md.</i> | | Months <i>---</i> Days <i>---</i> | |
| Occupation <i>Housewife</i> | | Where Residing if not at place of death <i>at home</i> | | | | | |
| Married, Single or Widowed <i>Married</i> | | Name of Wife or Husband <i>John F. Reddish</i> | | | | | |
| Father's Name <i>William A. Pryor</i> | | Father's Birthplace <i>Maryland</i> | | | | | |
| Mother's Maiden Name <i>Fane Ritchie</i> | | Mother's Birthplace <i>"</i> | | | | | |
| Name of person giving information <i>John F. Reddish</i> | | How related to deceased <i>Husband</i> | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Gastro-Intestinal Infection</i> | How long <i>5 days</i> |
| Immediate <i>Very sudden - Probably Heart Failure</i> | How long <i>2 or 3 minutes</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>F. M. Chumous</i> |
| | Address <i>Salisbury Md.</i> |
| Accident or Suicide? | |



Name
in
Full

CERTIFICATE OF DEATH

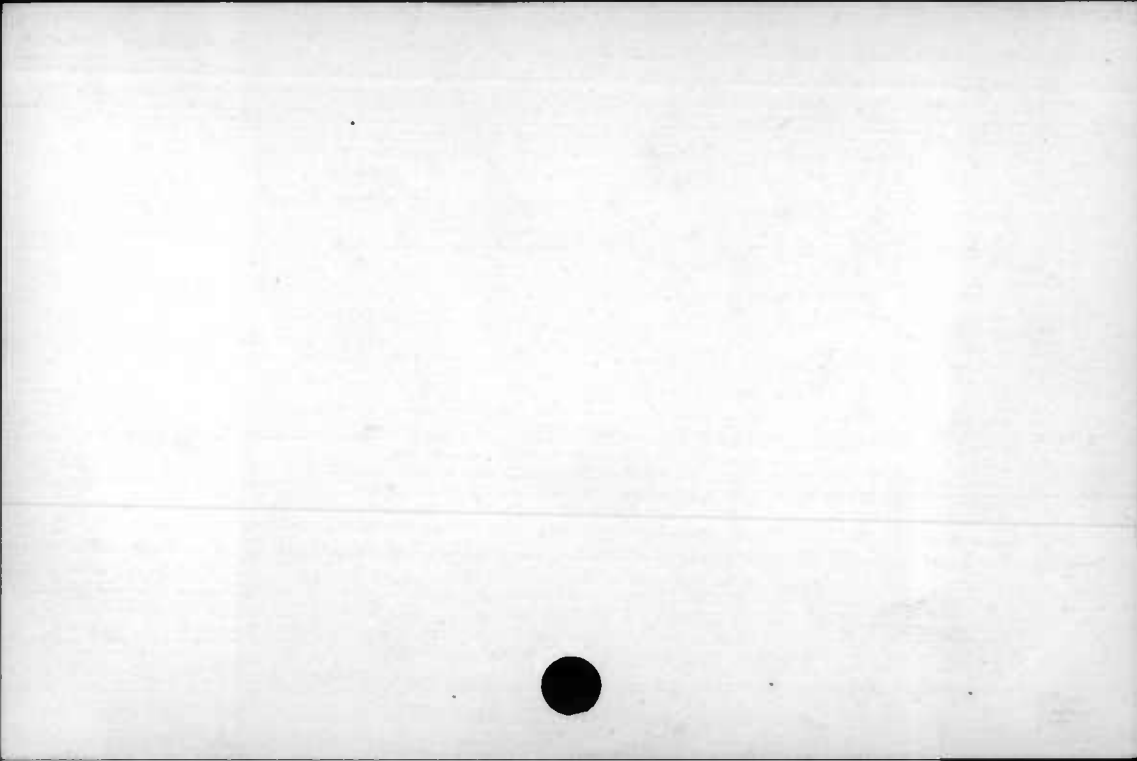
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | | | | | | |
|--|--|---|--|----------------------------------|--|-----------------------|--|-----------------|--|--------|--|------|--|
| Name in Full <i>Phoebe Sturgis</i> | | Town <i>Salisbury</i> | | County <i>Wicomico</i> | | State <i>MARYLAND</i> | | | | | | | |
| Died at <i>Salisbury (P.G. Hospital)</i> | | Date of death <i>1905</i> | | Month <i>Aug.</i> | | Day <i>18</i> | | Years <i>58</i> | | Months | | Days | |
| Sex <i>Female</i> | | Color or Race <i>White</i> | | Birth-place <i>Baltimore Md.</i> | | | | | | | | | |
| Occupation <i>School Teacher</i> | | Where Residing if not at place of death <i>Stebrow Hill Md.</i> | | | | | | | | | | | |
| Married, Single or Widowed <i>Widow</i> | | Name of Wife or Husband <i>John I. Sturgis</i> | | | | | | | | | | | |
| Father's Name <i>Patrick K. Morrow</i> | | Father's Birthplace <i>County Antrim 'Ireland</i> | | | | | | | | | | | |
| Mother's Maiden Name <i>Jane Robertson</i> | | Mother's Birthplace <i>Canada</i> | | | | | | | | | | | |
| Name of person giving In formation <i>W. Ross Morrow</i> | | How related to deceased <i>Brother</i> | | | | | | | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Dysphric fever</i> | How long <i>6 weeks</i> |
| Immediate <i>Exhaustion</i> | How long <i>Short time</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>J. M. White</i> |
| | Address <i>Salisbury</i> |
| Accident or Suicide? | |



Name
In
Full

Charles W. Townsend

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Salisbury

Wicomico

Date

of death 1905 Aug

Day

21st

Years

Age 42

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Honoraster Co. Md.

Occupation

Farmer

Where Residing if not
at place of death

In Somerset Co. Md.

Married, Single
or Widowed

Married

Name of Wife or
Husband

Ruth Townsend

Father's
Name

Precent Townsend

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
In formation

Wm F. Lankford

How related
to deceased

None

CAUSES OF DEATH

Primary

Intestinal obstruction

How long

1 day

Immediate

Peritonitis

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

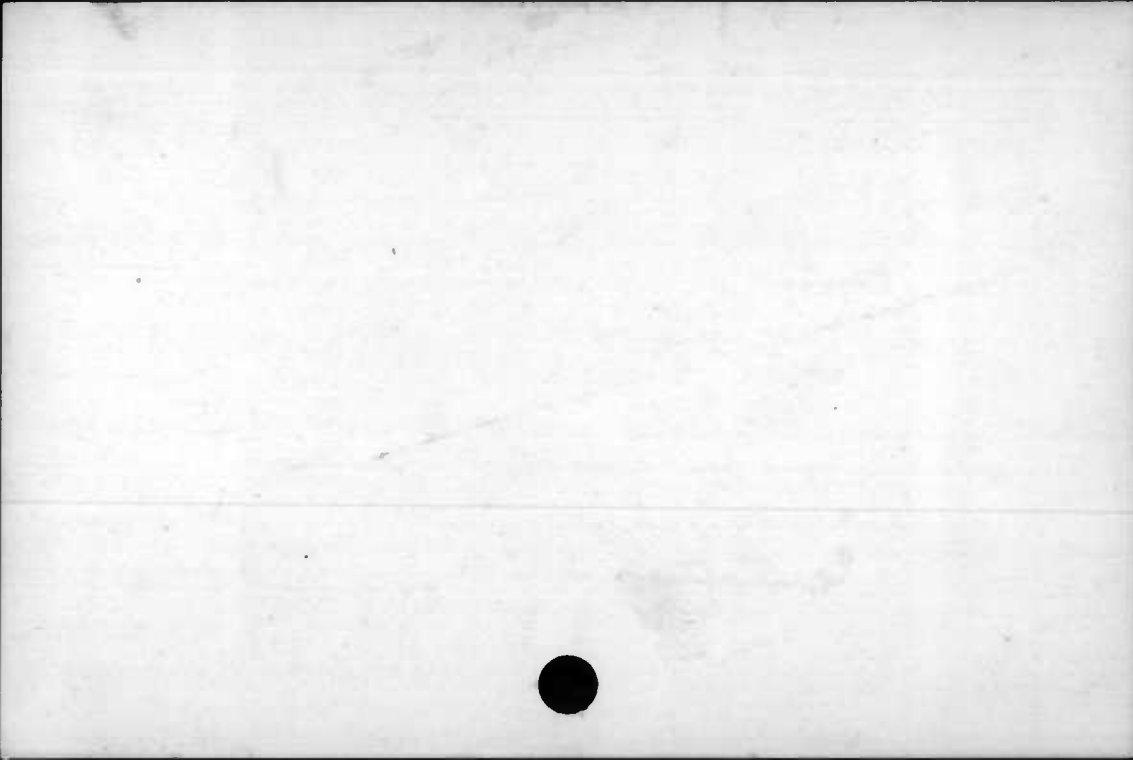
Signature of
Physician

Address

Salisbury Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Nancy Venables

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|------------------|--|--|-------------|-----------|
| Died at | | Mardela Springs, ^{Town} Wisconsin Co. ^{County} | | MARYLAND | |
| Date of death | 1905 | Month | Aug. | Day | 6 |
| Age | 75 | Years | 4. | Months | 19 |
| Sex | Female | Color or Race | White | Birth-place | Balto Md. |
| Occupation | Housewife | | Where Residing if not at place of death | | |
| Married, Single or Widowed | Married | | Name of Wife or Husband William Venables | | |
| Father's Name | Ezekiel Wilson | | Father's Birthplace Maryland | | |
| Mother's Maiden Name | Lyda Lloyd | | Mother's Birthplace Maryland | | |
| Name of person giving information | Mrs Lottie Lloyd | | How related to deceased Daughter | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|----------------------|------------------------|---------------------|
| Primary | Chronic Myocarditis | How long | 10 years |
| Immediate | Enteritis + Debility | How long | 7 days |
| Are the name, age, sex, color, date and place correctly given above? | Yes | Signature of Physician | John M. Elderdice |
| | | Address | Mardela Springs Md. |
| Accident or Suicide? | | | |

17th March

17
56
73

Name
in
Full

Ellen Wells

CERTIFICATE OF DEATH

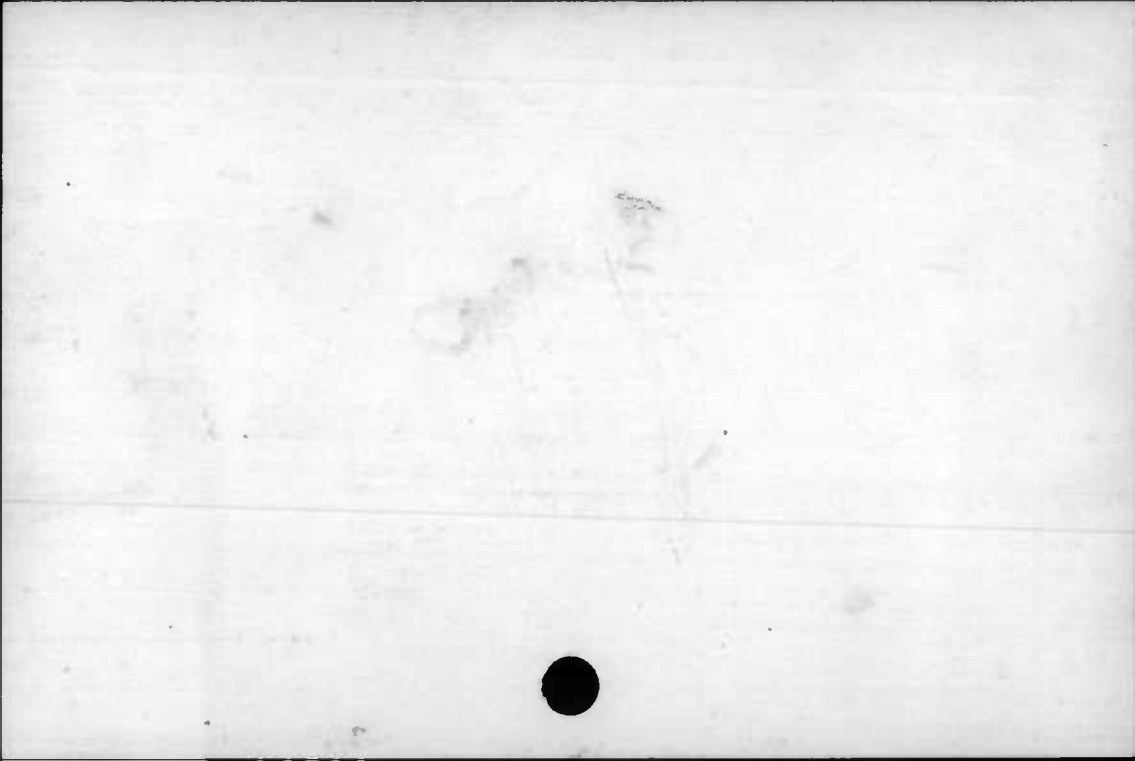
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | | |
|--|--|----------------------------|--|--|--|---------------|--|--------------------------------------|--|
| Died at <i>Salisbury</i> | | Town | | <i>Wisconsin</i> | | County | | MARYLAND | |
| Date of death <i>1905</i> | | Month <i>Aug</i> | | Day <i>1</i> | | Age <i>41</i> | | Years <i>2</i> Months <i>20</i> Days | |
| Sex <i>Female</i> | | Color or Race <i>Black</i> | | Birth-place <i>Mc</i> | | | | | |
| Occupation <i>H-coiffe</i> | | | | Where Residing if not at place of death | | | | | |
| Married, Single or <u>Widowed</u> | | | | Name of W or Husband <i>Louis Wells</i> | | | | | |
| Father's Name <i>George W. Leonard of C</i> | | | | Father's Birthplace <i>Mc</i> | | | | | |
| Mother's Maiden Name <i>Margaret A. Catlett</i> | | | | Mother's Birthplace <i>Mc</i> | | | | | |
| Name of person giving information <i>Louis Wells</i> | | | | How related to deceased <i>Husband</i> | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---|--|---|--|
| Primary <i>Dysentery</i> | | How long <i>4 weeks</i> | |
| Immediate | | How long | |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | Signature of Physician <i>Dr. Humphreys</i> | |
| | | Address <i>Salisbury, Md</i> | |
| Accident or Suicide? <i>No</i> | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|--|-------------------------------------|---------------|-----------------|------------------|
| Died at <i>Rockawling</i> Town | | County <i>Wicomico</i> | | MARYLAND | |
| Date of death <i>1908</i> | Month <i>Aug.</i> | Day <i>15th</i> | Age <i>63</i> | Years <i>11</i> | Months <i>11</i> |
| Sex <i>Male</i> | Color or Race <i>White</i> | Birth-place <i>Wicomico Co. Md.</i> | | | |
| Occupation <i>Farmer</i> | Where Residing if not at place of death <i>_____</i> | | | | |
| Married, Single or Widowed <i>Married</i> | Name of Wife or Husband <i>Sarah E. White</i> | | | | |
| Father's Name <i>James White</i> | Father's Birthplace <i>Delaware</i> | | | | |
| Mother's Maiden Name <i>Kitty Crockett</i> | Mother's Birthplace <i>"</i> | | | | |
| Name of person giving information <i>J. W. J. White</i> | How related to deceased <i>Nephew</i> | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Heart Trouble</i> | How long <i>Don't know</i> |
| Immediate <i>Heart Trouble</i> | How long <i>Don't know</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Geo. W. Todd</i> |
| | Address <i>Salisbury Md.</i> |
| Accident or Suicide? | |



Name
in
Full

Wesley White

CERTIFICATE OF DEATH

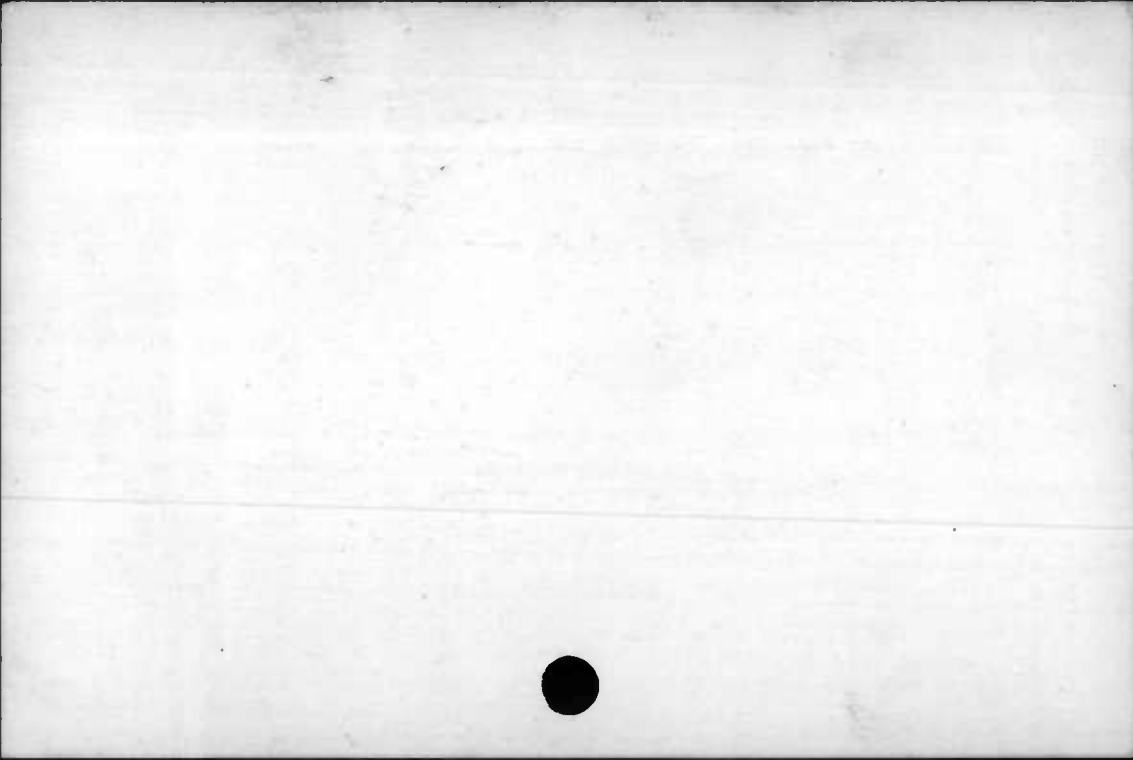
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|---|---|--------------------------------|---------------------------------|-------------------------------|
| Died at <u>Sanhiewe</u> ^{Town} | | <u>Mcminn</u> ^{County} | | MARYLAND | |
| Date of death <u>1905</u> - <u>Aug</u> ^{Month} | | <u>8</u> ^{Day} | Age <u>37</u> ^{Years} | <u> </u> ^{Months} | <u> </u> ^{Days} |
| Sex <u>Male</u> | Color or Race <u>colored</u> | Birth-place <u>Sanhiewe</u> | | | |
| Occupation <u>Mariner</u> | | Where Residing if not at place of death | | | |
| Married, <u>Single</u> or <u>Widowed</u> | Name of Wife or <u>Husband</u> <u>Martha E. Barclay</u> | | | | |
| Father's Name <u>Siff White</u> | Father's Birthplace <u>Mcminn</u> | | | | |
| Mother's Maiden Name <u>Priscilla Thompson</u> | Mother's Birthplace <u> </u> | | | | |
| Name of person giving information <u>Eula Barclay</u> | | How related to deceased <u>Brother-in-law</u> | | | |

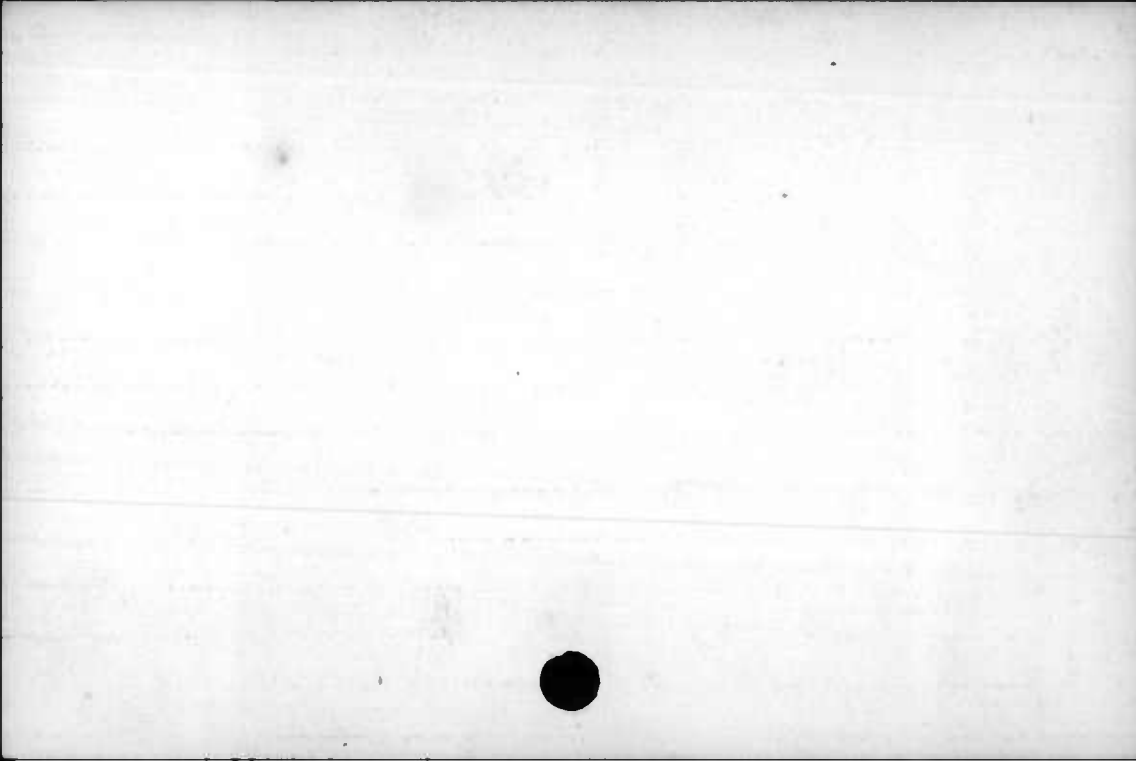
CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|------------------------------------|
| Primary <u>Hemorrhage</u> | How long <u>sudden</u> |
| Immediate <u> </u> | How long <u> </u> |
| Are the name, age, sex, color, date and place correctly given above? <u>yes</u> | Signature of Physician <u>none</u> |
| | Address <u> </u> |
| Accident or Suicide? <u>E. G. Messick, Inspector</u> | |



| | | | | | |
|--|--|---|--|---|--|
| Name in Full | | (No Name) Williams | | CERTIFICATE OF DEATH | |
| Died at | | Town Salisbury | | County Wicomico. | |
| Date of death | | 1905 Aug. 6 th | | Age 18 | |
| Sex female | | Color of Race White | | Birth-place On the farm | |
| Occupation | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | | Name of Wife or Husband | | | |
| Father's Name | | W. Herbert Williams | | Father's Birthplace near Salisbury | |
| Mother's Maiden Name | | Beatrice Barnett | | Mother's Birthplace near Pocomoke | |
| Name of person giving information | | Beatrice Williams | | How related to deceased Mother and Father | |
| CAUSES OF DEATH | | | | | |
| Primary | | Gastro-Intestinal Infection | | How long 3 or 4 weeks | |
| Immediate | | Inanition | | How long 1 or 2 weeks | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician J. M. Clements | | | |
| Yes | | Address Salisbury Md. | | | |
| Accident or Suicide? | | | | | |



| | | | |
|--|--|--|--|
| Name in Full <i>Marion Williams</i> | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | Died at <i>Shad Point</i> Town <i>Wicomico</i> County | MARYLAND | |
| | Date of death <i>1905 Aug.</i> Month <i>23</i> Day <i>Two</i> Age <i>Two</i> Years Months Days | | |
| | Sex <i>Male</i> Color or Race <i>White</i> Birth-place <i>Shad Point Md.</i> | | |
| | Occupation _____ Where Residing if not at place of death <i>at Father's home</i> | | |
| | Married, Single or Widowed <i>Single</i> Name of Wife or Husband _____ | | |
| | Father's Name <i>Fredrich A. Williams</i> Father's Birthplace <i>Md.</i> | | |
| | Mother's Maiden Name <i>Ida Thompson</i> Mother's Birthplace <i>"</i> | | |
| Name of person giving information <i>Mrs. Annie Brewington</i> How related to deceased <i>Aunt</i> | | | |
| CAUSES OF DEATH | | | |
| PHYSICIAN OR CORONER | Primary <i>Gastro-intestinal infection</i> How long <i>1 week</i> | | |
| | Immediate <i>Coma</i> How long <i>12 hours</i> | | |
| | Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Louis W. Morris M.D.</i> | |
| | | Address <i>Delaware</i> | |
| | Accident or Suicide? | | |

